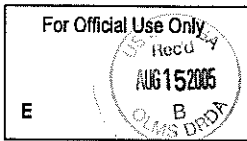


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7150</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Anthony</u> <u>Saito</u> P.O. Box, Bldg., Room No., if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4. Name, file number, and address of labor organization. Name <u>O.P.C.M.I.A., Local Union #630</u> Labor Organization File Number <u>037-279</u> P.O. Box, Building and Room Number, if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5. Position in labor organization. <u>Business agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-8-2005</u> (808) 841-0491 Date Telephone Number

Name of Person Filing Anthony Saito	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Hawaii Masons & Plasterers Training Trust Fu Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 1 of 8 pages) </div>
	11.b. Approximate dollar value of such dealing. \$170
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; min-height: 100px;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; min-height: 100px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Anthony Saito	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Vacation and Holiday Trust Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 2 of 8 pages)</p>
	<p>11.b. Approximate dollar value of such dealing. \$61</p>
	<p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<p>12.b. Amount.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing **Anthony Saito**

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Masons Health and Welfare Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**City **Honolulu**State **Hawaii**ZIP Code + 4 **96819**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer
Taft-Hartley employee benefit plan (See Attachment
3 of 8 pages)

11.b. Approximate dollar value of such dealing.

\$180

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Anthony Saito	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Masons Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	11.a. Nature of such dealing. Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) 11.b. Approximate dollar value of such dealing. \$15,602 12.a. Nature of interest held or income received. 12.b. Amount.

Name of Person Filing Anthony Saito	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Annuity Trust Fun</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 5 of 8 pages)</p>
	<p>11.b. Approximate dollar value of such dealing. \$7,993</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p>

Name of Person Filing Anthony Saito	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sierra Investment Partners. Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101 Ygnacio Road</p> <p>City Walnut Creek</p> <p>State California ZIP Code + 4 94596</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Annuity Trust Fun</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Gift of wine bottle</p>
	<p>11.b. Approximate dollar value of such dealing. \$49</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2004 through December 31, 2004		<u>Meeting expenses</u>	
		112	Meeting expenses for attendance at quarterly trust fund meetings	Check
		37	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		20	Meeting expenses for attendance at special trustee meeting	Check
		<u>170</u>		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Anthony Saito
File Number - Initial filing
12/31/2004

Page 2 of 8 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
VH	January 1, 2004 through December 31, 2004			
		41	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		20	Meeting expenses for attendance at special trustee meeting	
		<u>61</u>		

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Anthony Saito
File Number - Initial filing
12/31/2004

Page 3 of 8 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
HW	January 1, 2004 through December 31, 2004	111	Meeting expenses for attendance at quarterly trust fund meetings	Check
		37	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		32	Meeting expenses for attendance at special trustee meeting	

180

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
PN	January 1, 2004 through December 31, 2004	510	<u>Meeting expenses for attendance at</u> quarterly trust fund meetings	Check
		37	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		32	Meeting expenses for attendance at special trustee meeting	
		<u>579</u>		
			<u>Seminars</u>	
	April 2004	6,691	Tucson, Arizona (See attached page 6 of 8)	
	November 2004	8,332	Lake Buena Vista, Florida (See attached page 7 of 8)	
		<u>15,023</u>		
	Total	<u>15,602</u>		

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
AN	January 1, 2004 through December 31, 2004	135	<u>Meeting expenses for attendance at</u> quarterly trust fund meetings	Check
		37	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		20	Meeting expenses for attendance at special trustee meeting	
		<u>192</u>		
			<u>Seminars</u>	
	March 2004	<u>7,801</u>	Orlando, Florida (See attached page 8 of 8)	
	Total	<u>7,993</u>		

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Anthony Saito
International Foundation - Investment Institute - Pension
Tuscon, Arizona

Item	No Date	4/26/04	4/27/04	4/28/04	4/29/04	4/30/04	5/01/04	5/02/04	5/03/04
Airfare, Train, Bus	3,434.70								
Meeting Registration	855.00								
Hotel			251.33	291.33	291.33	174.35	174.35		
Breakfast					18.56	16.15	15.69		
Lunch			17.31	21.40	17.02		8.00		
Dinner			68.35	11.07	26.13		22.00	19.00	
Porters-Bellman		5.00	5.00			10.00			6.00
Taxis, Bus									
Maid				5.00	5.00	5.00	5.00	5.00	
Snack				2.50			5.00	12.01	
Airport Parking		20.17	6.28						
Other:									
Coffee									
Car Rental						365.18			375.67
Gas						11.00		37.13	
Valet			18.00	18.00	18.00	3.00	6.00	6.00	3.00
Private Auto - mileage									
Cart									
Parking									
Toll									
Long Distance									
Laundry									
Totals	6,691.01	4,289.70	25.17	366.27	349.30	376.04	584.68	79.14	384.67

Anthony Saito
NCCMP 2004 Annual - Pension
Lake Buena Vista, Florida

Item	No Date	11/26/04	11/27/04	11/28/04	11/29/04	11/30/04	12/01/04	12/02/04	12/03/04	12/04/04		
Airfare, Train, Bus	4,780.93											
Meeting Registration	825.00											
Hotel			250.88	250.88	250.88	250.88	98.10	98.10	136.25			
Breakfast				23.56	19.70	17.25		17.96	18.75			
Lunch					13.57	16.15						
Dinner				42.60	28.64	37.52	30.23					
Porters-Bellman		5.00	5.00				5.00			5.00		
Taxis, Bus												
Maid				5.00	5.00	5.00	5.00	5.00	5.00	5.00		
Snack		25.61	17.28	3.50				16.99				
Airport Parking												
Other:												
Coffee												
Car Rental							603.68			323.66		
Gas							25.25		14.99			
Valet			2.00	4.00	10.00	4.00	4.00	4.00	4.00	2.00		
Private Auto - mileage												
Cart			1.25				2.75					
Parking												
Toll												
Long Distance												
Laundry												
Totals		8,331.79	5,605.93	30.61	276.41	329.54	327.79	330.80	774.01	142.05	178.99	335.66

Anthony Saito

Totals	7,801.35	5,564.40	29.95	364.80	370.13	358.60	380.43	237.41	236.86	258.77	0.00
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Anthony Saito
File Number – Initial filing
12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.

LEMKE, CHINEN & TANAKA, C.P.A., INC.
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.
THOMAS M. H. PARK, C.P.A.
PAUL H. ASANO, C.P.A.
EDWIN K. NITTA, C.P.A.
TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336
HONOLULU, HAWAII 96814-4012
TELEPHONE (808) 533-6254

DATE: August 9, 2005

CERTIFIED: 7002 0460 0002 3584 7796

TO: U. S. Dept. of Labor
ESA/OLMS Room N-5616
200 Constitution Ave., NW
Washington, DC 20210-0001

<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Saito, Anthony O.P.C.M.I.A. Local Union 630	LM-30 YE 12/31/04	None	None
Saito, Anthony Bricklayers AFL-CIO, LU #1	LM-30 YE 12/31/04	None	None

Please Receipt and Return One Copy

LEMKE, CHINEN & TANAKA, C.P.A., INC.
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.
THOMAS M. H. PARK, C.P.A.
PAUL H. ASANO, C.P.A.
EDWIN K. NITTA, C.P.A.
TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336
HONOLULU, HAWAII 96814-4012
TELEPHONE (808) 533-6254

DATE: August 9, 2005

CERTIFIED: 7002 0460 0002 3584 7796

TO: U. S. Dept. of Labor
ESA/OLMS Room N-5616
200 Constitution Ave., NW
Washington, DC 20210-0001

<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Saito, Anthony O.P.C.M.I.A. Local Union 630	LM-30 YE 12/31/04	None	None
Saito, Anthony Bricklayers AFL-CIO, LU #1	LM-30 YE 12/31/04	None	None

Please Receipt and Return One Copy